Richard Kenyon, Ph.D. Cathyryne Manner, Ph.D. Program Manager, NFRP 1077 Patchel Street Program Coordinator, NFRP 1053 Patchel Street Fort Detrick, MD 21702 Fort Detrick, MD 21702 Phone: 301-619-7789 Phone: 301-619-6742 E-mail: Richard.Kenyon@amedd.army.mi E-mail: Cathyryne.Manner@amedd.army.mil 1997 NF2 gene cloned Correlations made between NF2 gene product shares Gene for NF2 Molecular Two major genotype and phenotype:

•Parry et al. 1993 similarity with the 4.1 family localized to 22g12 Mutation Pate for isoforms (splice • NF2 gene product (formal separation of cytoskeleton-associated Biology & NF2 is ~6.5 x 10-4 variants) of NF2 identified as Merlin/ •Ruttledge et al. proteins - Specifically the of NF1 and NF2) 1993 identified Schwannomin •Kluewe et al. ERM proteins Genetics 1993 Merlin is expressed in the nervous system, smooth Truncated forms of Merlin Merlin are not muscle. Schwann cells shows Merlin localized self-interaction Merlin co-localized melanocytes, RBCs, to the cell membrane detected in NF2 (N- to C-terminal) is with CD44 and the Cellular endothelial cells, and neurons (filopodia, ruffling tumors, suggesting protein instability and nvolved in growth actin cytoskeleton such as Purkinie cells and membrane, and suppression 1997 Biology degradation leading edge) 1997 but not in glial cells Merlin is lost in Germline mutations in Merlin (NF2 Merlin (NF2 NF2 found in at least -60% of sporadio mutation) is NF2 mutations mutation) is two-thirds of all Pathobiology meningiomas implicated in breast detected in ~50%-80% individuals with typical and ~80% of implicated in of NF2 tumors mesotheliomas sporadic hilateral vestibular colorectal cancers 1995 schwannomas schwannoma 1994 1996 Technology/ Drosophila NF2 Drosophila Animal homologue of NF2 mutations isolated (Merlin) identified and characterized Models 1997 Diagnostic criteria for NF2 outlined: Diagnostic criteria for NF2 outlined: Mosaicism at NF2 locus is NF2 characterized by Gadolinium-enhanced Type 1 *Bilateral masses of the 8th cranial nerve; or *1 or more 1st degree relative with NF2 + Two types of NF2 identified: Schwannomatosis described *Bilateral vestibular schwannoma; or *1 or more 1st degree relative with NF2 + schwannomas of the 8th crania MRI made available for uncommon and probably under Type 2 neurofibromatosis1s (1) Gardner type - mild with late as a separate clinical entity Imaging, nerve - can also involve imaging, detection and recognized; unilateral vestibular identified in the neurofibromatosis unilateral vestibular mass of 8th cranial nerve onset and few tumors other from other forms of NF: inilateral vestibular schwannoma at <30 years; schwannomas of other crania diagnosis of vestibular schwannoma, insilateral literature first described by Detection or than vestibular schwannoma multiple schwannomas nerves, meningiomas, schwannoma - lesions as intracranial tumors Dr. Wishart by Dr. Friedrich von •2 of the following: neurofibroma, (2) Wishart type - severe, early without evidence of •2 of the following: meningioma, glioma, ependymomas, and ocular small as 2 mm are schwannomatosis, and/or & Diagnosis 1820 Recklinghausen meningioma, glioma, schwannoma, juvenile onset with multiple tumors vestibular schwannoma schwannoma, juvenile posterior lenticular manifestations detectable asymmetric involvement 1882 1992 1996 posterior subcapsular lenticular opacities opacities 1988 1987 1996 1997 Correlations made between genotype and phenotype:

Nonsense/frameshift mutations = severe phenotypes

Splice-site mutations = variable phenotype within/ Diagnostic prevalence of NF2 is Birth incidence of Epidemiology between families NF2 is determined to ~1:200,000 because be ~1:33,000-40,000 •Very few non-truncating mutations detected of late onset and 1992 •Mutations not detected by exon-scanning = early death mild phenotype Aminoglycosides Calpain inhibitors or Experimental FDA granted an suppress expression SU-101 tested in Phase First auditory calcium channel-Investigational Clinical
Trial of a multichannel of nonsense mutations Il trial for patients with Therapeutics brainstem implant for treatment of hearing blocking agents could of NF2 and modify the recurrent malignant prevent growth/relapse **Auditory Brainstem** neoplastic phenotype gliomas 1997 loss from NF2 of tumors (in vitro) -Implant for NF2 of tumor cells in more studies required 1979 1994 culture Recommended screening: •Routine eye exams Stereotactic radiosurgery (gamma-knife) illable for vestibu Hearing preservation/ Total excision of Enhanced MRI scanning should occur annually, augmentation Symptom vestibular Partial excision of strategies: hearing schwannomas vestibular schwannoma beginning in the teens Management aids, cochlear implants. schwannoma in cases of large tumors ·Surveillance of at-risk training in lip reading radiation therapy (typically results in loss but asymptomatic individuals and/or sign language 1992 1991 of hearing) 1992 1980s NIH Consensus House Ear Institute & Development NNFF Clinical Care **DoD Neurofibromatosis** NNFF workshop on NIH Consensus Important Conference or Advisory Board: Foundation of NF2: reviewed current Research Program (NFRP) Foundation of Development Neurofibromatosis Diagnostic Evaluation Meetings NNFF Conference on knowledge, made NF, Inc. delineated NF1 from and Management of established 1978 short-term and long-1988 Acoustic Neuroma NF1 and NF2 NF2 and diagnostic & Symposia term goals 1997 1991 1996 criteria for each 1997

Neurofibromatosis Type 2 (NF2)

2000 1998 1999 2001 Marlin lacke the detected an overall 20.7%
detection rate out of 116 NF2
patients with differing severity –
found a high frequency of large
chromosome 22 deletions
2001 conventional C-terminal actin-binding site, but Correlations made between genotype and phenotype: has other actin-hinding •Evans et al. sites within its FERM 1998 1998 Regulated Five multi-allelic Syntenin specifically Merlin Merlin indirectly overexpression of interacts with Merlin isoform 1 – links Marlin interacts Merlin binds Merlin coconstitutively associates with the HGS in rat with hNHF-RF Paxillin, which localizes with degraded by the Merlin interacts for establishing which localizes to with β-integrin in active Merlin to schwannoma cells short-term primary Schwannoma cells Merlin both in vivo facilitates F-actin filaments through an Merlin in its has the same effect net) identified that alte membrane protein signaling through the actin-rich along the binding to the in intact cells: and in vitro interaction with as Merlin structures cell membrane N-terminal 35 kD Schwann cells βll-Spectrin in culture overexpression 1998 localization of Merlin actin cytoskeleton 1998 1998 fragment results 1998 2001 2001 Naturally occurring mutant NF2 NF2 Schwannomaproteins demonstrate altered localizations; C-terminal deletions derived cells have abnormal actin = cell membrane, N-terminal cytoskeletal architecture deletions = perinuclear/cytoplasmic region and proliferation defects 1998 Transgenic mice expressing a mutant Conditional NF2 knockout mice developed (NF2 disrupted specifically in Transgenic mice NF2 that lacks exon 2-3 analysis reveals expressing the 1st 314 amino acids of develop peripheral nerve sheath tumors myelin P0-expressing cells) in nuclear migration Drosophila Merlin and mRNA localization acts as a tumor - develop schwannomas i Merlin are normal and Schwann cell in the oocyte suppressor 1998 association with hyperplasia 1999 peripheral nerves 2001 2000 Pre-symptomatic diagnosis available for ~66% of all classically affected NF2 patients 2000 Families with splice site or missense mutations or large deletions of the NF2 gene tend to have fewer tumors and later onset FDA approval of Nucleus Phase I trial of SU-101 in children 24-Multichannel 1999 Auditory Brainstem Implant 2000 MRI annually to screen tumor Translabyrinthine total Suboccipital approach Middle fossa internal growth and other intracranial tumor removal with total tumor removal: auditory canal bony Strategic radiation used for smaller, risks + annual audiometric auditory brainstem therapy (gamma knife): decompression: useful studies to monitor hearing implant: used for used in elderly patients when a change in (surgery required when nationts with non-useful (hearing preservation is with documented tumor hearing is documented hearing or large tumors unlikely and risk of hearing is no longer useful or growth - low chance of (for long-term hearing tumor grows enough to with brainstem tumor recurrence hearing preservation 1998 stabilization) endanger patient) 1998 compression is high) 1998 NINDS Workshop: Defining the Future of Research 2000

